

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>		49	2/26/01
<b>FORMALITY REVIEW</b>	<i>CFP</i>	1027	08/01/01
<b>RESPONSE FORMALITY REVIEW</b>	<i>Zm</i>	927	07/30/01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
= ..... Allowed I ..... Interference  
+ (Through numeral)... Canceled A ..... Appeal  
⋮ ..... Restricted O ..... Objected

Claim	Date
Final	1/2/04
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	
33	
34	
35	
36	
37	
38	
39	
40	
41	
42	
43	
44	
45	1
46	
47	
48	
49	
50	

Claim	Date	
Final Original		
51		
52		
53		
54		
55		
56		
57		
58		
59		
60		
61		
62		
63		
64		
65		
66		
67		
68		
69		
70		
71		
72		
73		
74		
75		
76		
77		
78		
79		
80		
81		
82		
83		
84		
85		
86		
87		
88		
89		
90		
91		
92		
93		
94		
95		
96		
97		
98		
99		
100		

Claim	Final	Original	Date
101			
102			
103			
104			
105			
106			
107			
108			
109			
110			
111			
112			
113			
114			
115			
116			
117			
118			
119			
120			
121			
122			
123			
124			
125			
126			
127			
128			
129			
130			
131			
132			
133			
134			
135			
136			
137			
138			
139			
140			
141			
142			
143			
144			
145			
146			
147			
148			
149			
150			

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

**BEST AVAILABLE COPY**